

To: Patrick Kenney, Board President
Rhoda Miller, Executive Director

From: Mark Kluksdahl and Susan Moreno, Quality Improvement Specialists
Developmental Disabilities Program

Subject: Comprehensive Evaluation of Resource, Support and Development, Inc.

Scope of Review:

All DDP-funded services provided by Resource, Support and Development, Inc. were reviewed on an on-going basis during the review period and as part of this Quality Assurance Review. Included in this report are the results of on-site visits to all program sites, a review of the Individual Planning paperwork and program data for a 10% sample of consumers served and 100% of the Community Supports consumers, staff questionnaire surveys with staff at all program locations, a review of criminal background checks and orientation training, and review of the RSD Policy and Procedures Manual. The review period is from June 2006 through October 2007.

General Areas

A. Administrative

Significant Events from the Agency

- Billings Activity Program became a regular day activity provider after many years as a Senior Day Program. This has allowed for younger cliental to mingle with the seniors who have enjoyed this program.
- After many trips to various locations, RAVE has come to the end of their travel days. Vacations will never be the same for some of RAVE's frequent flyers.
- The Snowy Mountain Industries programs in Lewistown received several grants enabling them to purchase a forklift and baler to expand their recycling work.
- BTI-Heights left the site of the Beartooth School rather suddenly to a temporary placement while a building could be pursued. Although the temporary situation was short lived, it was impressive that the staff and management with RSD could make the best of a bad situation. Renovations are being made to the new site at 917 1st Avenue North.
- RSD lost several long term management personnel as well as eight individuals they served. Both the former staff and individuals will be missed.

General Areas (continued)

Policies and Administrative (DDP) Directives

- The RSD Policy and Procedure Manual was reviewed and found to be in compliance with the DDP requirements and directives.
- Orientation and training records for six staff were reviewed. These file reviews reflected RSD provided the orientation and training outlined in the policy manual meeting contract requirements.
- Criminal background checks were reviewed for a sample of recently hired staff. All were found to have completed background checks on file.
- Documentation of evacuation drills was reviewed. RSD does a wide variety of emergency evacuation drills which shows they could keep folks safe in emergency situations. We questioned the procedures done at BAP where everyone may not be taken out of the building. Once this procedure was researched, it was at direction of the Fire Marshall that this procedure be taken when there were concerns of getting everyone out of the building safely. BAP does continue to do a variety of drills, getting everyone completely out of the building as well as preparing to flag down emergency personnel from the back room. As a best practice, RSD should contact the new Fire Marshall and request he put in writing what they want RSD staff to do in such emergencies.

Licensing

- All group homes operated by RSD were found to have current licenses issued by the Quality Assurance Division. During the course of this review period, there were some deficiencies noted by QAD in Lewistown and Red Lodge.
- Snowy Mountain in Lewistown lacked some documentation of staff orientation and training and keeping current face sheet information in files. There were also some home repairs needing attention. This was handled through licensing and all issues were remedied to QAD satisfaction.
- QAD also reviewed the White Group Home in Red Lodge and the following was noted. The furniture in the living room was showing considerable signs of wear and the couch in the family room was in poor condition. RSD replaced the furniture and QAD was satisfied and no further action was taken. The White Group Home has 9 staff positions and 6 of them were vacant at the time of the review. The positions were covered by two active subs and overtime coverage by full time staff including the group home manager. QAD sited RSD for failing to have sufficient number of staff to supervise, care for, and train individuals. RSD was able to correct this situation and fill the vacancies. The correction plan was given to QAD and accepted. No further action was taken by QAD.

General Areas (continued)

Accreditation

-Accreditation is no longer a contract requirement and RSD has decided not to pursue further accreditation with CARF.

Agency Internal Communication Systems

-RSD is a very large corporation with satellite services in four different communities within Region 3. Management meetings are attempted monthly with representation from each of the program areas. During this review period, long time management staff in two of these communities has left employment with RSD. The positions were filled by staff from each of those locations. This helped with making these smoother transitions.

-The internal communications following an investigation conducted by DDP of a hospitalization in June did not appear to be passed on to the direct care staff actually working with individuals at the Kathy Group Home. A meeting had been set up with DDP to go over the recommendations following the investigation and RSD agreed to be sure all staff were empowered to contact emergency medical assistance through the 911 system whenever they felt someone has a medical emergency. A second investigation of an incident of a hospitalization of an individual served by RSD at the Kathy Group Home indicates this communication was not relayed to the staff. There still seems to be the mindset management needs to be contacted in these situations and the staff and management as a group makes decisions on the course of action to take. We request that following any investigations done by a QIS, RSD responds to recommendations in writing outlining any training they will be getting to their staff. DDP and RSD will work with Dr. Justad to come up with some guidelines to help assist staff in determining when to use the 911 system.

-We would suggest each program have attendance sheets as a form of data verifying who is in the building daily. When we visited BAP, we were told they just track attendance for the office by looking at other data collections from individual plans.

Fiscal

-DPHHS's audit department completed a desk review of RSD's audit for FY 06 and reported that the financial statements and program compliance was unqualified. No instances of noncompliance, reportable conditions, or material weaknesses were noted in the audit report. They did note that cash in excess of the FDIC insured limits was \$1,126,791 as of June 30, 2006. During the FYs 2003 to 2006 RSD showed an increase in net assets of between \$173,584 and \$153,948 each year.

Fiscal (continued)

-RSD submits the end of the year financial report and other financial reports on time. The implementation of the rates system changed the billing procedure and required documentation. These changes have required adjustments in how all corporations doing business with the State billing. The new billing procedures have been quite stressful for RSD and DDP as well. It may be to RSD's benefit to make additional adjustments in this area to better fit the new state requirements.

Appendix I

There were no negotiated items in Appendix I this year between the State and RSD.

Specific Services Reviewed

A. Residential

Accomplishments

-The Billings Group Homes were given a commendation QAOS sheet (#2) for assisting with medical care of two individuals served by another residential provider. RSD had two empty beds and allowed the two individuals to come stay during the convalescence. RSD staff assisted from the pre-op through until the surgeries healed enough for them to return to their own group homes. Thanks RSD!!!!

- DDP would also like to note that the Crawford Group Home in Hardin had a well organized emergency handbook. The bathing procedures were also well organized. Both of these were readily accessible to staff and procedures for both were clearly written.

- DDP would also like to note that the Snowy Mountain Group Home in Lewistown was well organized. The books were laid out well and staff could easily find the needed information for each of the consumers.

Programmatic Deficiencies

-A QAOS sheet (#4) was written regarding the lack of staff at the Lake Elmo Group Home. Due to the lack of staff an individual who had been screened into this service in January has not had the opportunity to move to this home.

Corrections to Deficiencies

-RSD still needs to rectify this to get staff into the group home so this individual can make the move.

A. Residential (continued)

I. Health and Safety

Vehicles

- The RSD vehicle inspection checklist information was reviewed for this period. Each program site with vehicles conducts internal inspections monthly. External inspections are conducted quarterly and annually. Anytime maintenance is noted by a staff they can request repairs. Staff receives orientation training prior to driving agency vehicles and RSD maintains proof of driver's licenses.

Consumers

-RSD consumers have dedicated staff that focuses on their health and safety. RSD continues to establish medical services for those they serve.

Medication Safety

-All RSD sites keep all medications stored in locked areas where only staff has access. Staff at RSD who have successfully passed the state Medication Certification Exam (or have a current nursing certificate) distribute medications as per the doctor ordered prescriptions. Medications are to be double checked at each assisted administration.

Sites

-RSD continues to strive to keep up maintenance of all their homes. The homes are generally clean and tidy. Individuals living in the homes are allowed to decorate their personal space as they choose.

-One SL site was visited during this review in Hardin. The individual's home was clean and decorated to their tastes.

II. Service Planning and Delivery

Individual Planning (Assessment, Implementation, Monitoring)

-A 10% sample of individuals' IP/PSP plans and the implementation of outcomes/objectives were reviewed in each RSD residential site (Group Homes and SL). PSP/IPs were found to be based on individual needs. Appropriate assessments were used to obtain individual desires which were then incorporated into plans. All data was reviewed. Data was present at each home and accessible to all staff. All data was current and reflected each individual's IP/PSP. All objectives/outcomes were implemented in a timely manner.

Leisure/recreation

-Leisure and recreational opportunities are offered in all sites. Staff note when a person goes on recreational outings as well as any leisure activities engaged.

II. Service Plan and Delivery (continued)

Client Rights

-No client rights violations were noted. RSD does have some individuals with Rights Restrictions as part of their individual plans. These Rights Restrictions were approved by teams, Developmental Disabilities staff and signed by the consumer. The Rights Restrictions were well written and created based on health and safety concerns. RSD continues to focus on client rights and encourages folks to advocate for themselves whenever possible.

Medical/Health Care

-RSD assists folks they serve in getting the best possible health/dental care. RSD arranged for a psychiatrist to come see folks in one of the Billings homes.

Emotionally Responsible Care Giving

-Observations from all three DDP QIS's have shown RSD's commitment to caring for persons with disabilities in a respectful manner. Individuals in services appear to be comfortable with their caregivers.

Consumer Surveys

-Of the 10% sample of individual cases, there was one person in services without a consumer survey in the case management file. When looking into reasons for this not occurring, it was during the implementation of the Personal Support Plans. Since this was such a large project to start out, some forms were "excused" from the process. Since that time, the forms have been completed for the following year's plans. Case Management will be responsible to make sure these are completed and in their files.

Agency's Consumer Satisfaction Surveys

-RSD annually tracks consumer satisfaction through IP/PSP as well as a survey. At the time of the writing of this report, Rhoda was working on compiling the survey data.

III. Staffing

Screening/hiring

-The RSD policy manual has detailed instructions for screening and hiring of new employees. The personnel records checked during this review had completed criminal background checks.

- RSD has had difficulties recruiting and keeping staff in the current job market. This was noted by licensing in the Red Lodge area but has been an issue in Billings as well. There continues to be an unresolved QAOS sheet dealing with the issue in Billings.

Screening/Hiring (continued)

-RSD in Red Lodge has had issues with hiring and retaining staff during this review. RSD in Red Lodge looked to exit an individual because of this issue. This issue has since been resolved. It is hoped that increasing staffs wages plus other incentives RSD can come up with will help recruit and retain staff. DDP will continue to monitor this situation making sure there are not any health and safety issues as a result of lack of staff. Red Lodge has seasonal employment and at times this can affect recruiting and retaining staff. At this point it seems to be stable.

Orientation/training

-In the course of reviewing staff records, it was found that RSD does perform orientation and training with all new hires. Staff interviewed during the review also indicated they felt they had been trained adequately to do their jobs.

Ratios

-During routine onsite visits corporation wide, there was enough staff present on site to meet the individual needs and keep them safe. Without ratios in the contract it is hard to determine what an acceptable number of staff that is needed to meet the needs of each individual.

Staff Surveys

-RSD did not survey staff during this review period. They do conduct exit interviews with staff leaving employment with their agency. This is not always done as the corporation often doesn't get advance notice of leaving. During the information gathering for this review, staff at all sites were surveyed using the QIS Form D. All staff responded satisfactorily. No deficiencies were noted.

IV. Incident Management

Issues—As noted before under Internal Communications, RSD needs to be responsive to the recommendations from investigations. We need to know how those recommendations will be followed and what training will occur with staff.

Incident Reporting

-The RSD Incident Management Committee continues to meet as per the Incident Management Policy. The corporation maintains a committee that includes agency participants from each community providing services to individuals in DD services. The Coordinator continues the implementation of this policy across a wide geographic area.

-The breakdown of critical incidents within RSD are as follows; Beartooth Industries, 21 incidents; Big Horn Industries, 7 incidents; Billings Activities Program, 3 incidents; Billings Group Homes, 12 incidents; Billings Training Industries (both the west and east sites combined) 46 incidents; and Snowy Mountain Industries, 30 incidents. Across the total corporation, there have been 119 critical incidents. -Medication errors tracked through incident management is broken down by sites and service provided.

IV. Incident Management (continued)

Billings:

Lake Elmo Group Home, 0 med errors.
Kathy Group Home, 12 medication errors
Total residential med errors, 12

Hardin: Group Home, 7 med errors (QAOS sheet #1. Response was accepted.)

Supported Living, 0 med errors

Total residential med errors, 7

Red Lodge: Cooper Group Home, 3 med errors

White Group Home, 36 med errors

Supported Living, 1 med error

Total residential med errors, 40

Lewistown: Mount Pleasant Group Home, 11 med errors

Supported Living (non-congregate) 1 med error

Supported Living (congregate) 7 med errors

Total residential med errors, 19

APS

The following is the listing and outcomes of APS referrals for RSD's residential services and programs:

Red Lodge-

Cooper Group Home:

-April 18th, 2006-Referring to allegation of abuse by a GH staff of SL. The investigation concluded that staff did have physical contact with SL but physical and/or mental injury as outlined in the Code did not occur. The recommendations of the APS worker is for further training given to the entire staff about SL's individual behaviors. RSD was requested to respond to the recommendation(s) and have done so satisfactorily.

-September 13, 2007-Referring to the allegation of abuse by a staff to JS. The investigation concluded that staff's remarks towards JS did not have any lasting effect on him therefore no evidence of maltreatment occurred. The Residential Group Home Manager has counseled the employee and intends to follow up with regular meetings and instructions. RSD was requested to respond to the report that counseling has occurred with this staff. RSD has done so satisfactorily.

APS (continued)

White Group Home:

-July 18th, 2007-Referring to an allegation of alleged abuse by staff to DK. The investigation found no evidence of physical or mental injury to DK by staff. It was recommended that staff at the GH give DK the time needed to adjust and practice patience until she can resolve her many issues. RSD has responded to the recommendation(s) and have done so satisfactorily.

Lewistown-

Snowy Mountain Group Home:

-May 21st 2007-Referring to the allegation of abuse to WK. It was concluded that the case was closed without findings because the cause of the injury is not known. No pictures were taken of the injuries and an incident report was not immediately completed. APS recommends the following: 1. Staff is encouraged to promptly and thoroughly complete an incident report. Such reports should be completed when the injury is noticed. The incident report should include the type of injury, location, and description of the injury. 2. Staff is encouraged to immediately report suspected abuse, neglect, and or exploitation to APS. They are considered mandated reporters. Staff may need more training on appropriate reporting procedures. 3. Staff should disclose and be forthright with information pertaining to concerns relayed to APS, as this information is imperative to the investigation.

-May 21st 2007-Referring to the allegation of abuse to MP. It was concluded that the case was closed without findings because the cause of the injury is not known. No pictures were taken of the injuries and an incident report was not immediately completed. APS recommends the following: 1. Staff is encouraged to promptly and thoroughly complete an incident report. Such reports should be completed when the injury is noticed. The incident report should include the type of injury, location, and description of the injury. 2. Staff is encouraged to immediately report suspected abuse, neglect, and or exploitation to APS. They are considered mandated reporters. Staff may need more training on appropriate reporting procedures. 3. Staff should disclose and be forthright with information pertaining to concerns relayed to APS, as this information is imperative to the investigation.

-May 21st 2007-Referring to the allegation of abuse to KC. It was concluded that the case was closed without findings because the cause of the injury is not known. No pictures were taken of the injuries and an incident report was not immediately completed. APS recommends the following: 1. Staff is encouraged to promptly and thoroughly complete an incident report. Such reports should be completed when the injury is noticed. The incident report should include the type of injury, location, and description of the injury. 2. Staff is encouraged to immediately report suspected abuse, neglect, and or exploitation to APS. They are considered mandated reporters. Staff may need more training on appropriate reporting procedures.

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APS (continued)

3. staff should disclose and be forthright with information pertaining to concerns relayed to APS, as this information is imperative to the investigation.

-May 21st 2007-Referring to the allegation of abuse to SF. It was concluded that the case was closed without findings because the cause of the injury is not known. No pictures were taken of the injuries and an incident report was not immediately completed. APS recommends the following: 1. Staff is encouraged to promptly and thoroughly complete an incident report. Such reports should be completed when the injury is noticed. The incident report should include the type of injury, location, and description of the injury. 2. Staff is encouraged to immediately report suspected abuse, neglect, and or exploitation to APS. They are considered mandated reporters. Staff may need more training on appropriate reporting procedures. 3. Staff should disclose and be forthright with information pertaining to concerns relayed to APS, as this information is imperative to the investigation.

RSD has responded to all of the recommendations for all four reports in Lewistown. RSD has done so satisfactorily and the reports are closed at this time.

-APS and DDP are going to provide some training on rules on reporting abuse, neglect and exploitation with RSD staff starting in Red Lodge.

**B. Work/Day/Community Employment
Accomplishments**

-BTI (Both East and West locations) were given a commendation QAOS sheet (#3) for being so cooperative with the new PSP system. They have been very thorough in getting information to case managers prior to meetings. This has really made a difference in implementing a new planning format and making it run more smoothly. (Thanks again!!!)

-BTI East was relocated from the former Beartooth School site to a newly remodeled site on the east end of town.

-Snowy Mountain Industries building had been purchased by RSD in November of 2006.

-Individuals in day services are still getting to participate in community employment utilizing their current day funding.

Programmatic Deficiencies

.-Ongoing QAOS sheet (#4) regarding a staff shortage which is impacting a service recipient. This person is not able to access all his services due to the lack of staff.

Corrections to Deficiencies

.-Ongoing QAOS (#4). RSD needs to resolve this issue. As with the residential component, the inability to fully utilize the services continues to be an added stressor to the family.

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B. Work/Day/Community Employment (continued)

I. Health and Safety

Vehicles

-See above under residential.

Consumers

-See above under residential.

Medication Safety

-See above under residential.

Sites

-All work/day program sites were visited during the course of the year and as part of the annual Quality Assurance Review.

II. Service Planning and Delivery

Individual Planning

-A 10% sample of individuals' IP/PSP plans and the implementation of outcomes/objectives were reviewed in each RSD site. PSP/IPs were found to be based on individual needs. Appropriate assessments were used to obtain individual desires which were then incorporated into plans. All data was reviewed. It reflected the IP/PSP goals, visions, and outcomes of each individual reviewed. All data was current. All objectives/outcomes were implemented in a timely manner.

Leisure/recreation

-See above under residential.

Client Rights

-See above under residential.

Medical/health Care

-See above under residential.

Emotionally Responsible Care Giving

-See above under residential.

Consumer Surveys

-See above under residential.

Agency's Consumer Satisfaction Surveys

-See above under residential.

B. Work/Day/Community Employment (continued)

III. Staffing

Screening/hiring

-RSD has had difficulties hiring and maintaining staff as mentioned in the QAOS sheet (#4).
All other screening and hiring practices are in compliance including background checks.

Orientation/training

-See above under residential.

Ratios

-See above under residential

Staff Surveys

-See above under residential.

IV. Incident Management

APS

-There were no APS reports in Work/Day/Community Employment during this review period.

Incident Reporting

--Critical incidents are all listed under residential.

Billings:

-BAP, 7 med errors

-BTI, 12 med errors (3 at the Westend location and 9 at the East locale)

Day Program total med errors: 19

Hardin:

- Day Program, 0 med errors

Day Program total med errors: 0

Red Lodge:

- Day Program, 4 med errors

Day Program total med errors: 4

Lewistown:

- Day Program, 0 med errors

Day Program total med errors: 0

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C. Community Supports—

All individuals served through Community Supports were included in the sample noted above. RSD has only a few persons receiving this service and only in Red Lodge and Lewistown.

Accomplishments

-RSD continues to serve individuals in Red Lodge and Lewistown with minimal supports and does a good job of meeting the needs of these individuals.

Programmatic Deficiencies

-No programmatic deficiencies noted.

Corrections to Deficiencies

-No corrections to deficiencies required.

I. Health and Safety

Vehicles

-See above under residential.

Consumers

-The health and safety needs of individuals receiving Community Supports are being met through this service.

Medication Safety

-None of the recipients of Community Supports have medication supervision in their plans of care.

Sites

The recipients of Community Supports either live independently or in family homes. No on-site visits were included in this review.

II. Service Planning and Delivery

Individual Planning

-Beartooth Industries-Red Lodge:

-During the survey of the individuals for the Individual Planning component of Beartooth Industries DDP looked at all areas and found no deficiencies during the review.

C. Community Supports (continued)

RSD-Snowy Mountain Industries-Lewistown:

-During the survey of the individuals for the Individual Plan component for Snowy Mountain Industries DDP looked at all areas and found that the individuals for CS had no data present at the time of the review. The data was eventually produced as per DDP's request. It is suggested by DDP that data be kept in an easily accessible place for staff to record the necessary information on each of the individuals to assure that the goals, visions, and outcomes are being completed.

Leisure/recreation

-All CS individuals who had Social/Leisure/Recreation in their CS agreements did the required amount of activities.

Client Rights

-See above under residential

Medical/health Care

-See above under residential

Emotionally Responsible Care Giving

-See above under residential.

Consumer Surveys

-All Community Support files also included the appropriate consumer surveys.

Agency's Consumer Satisfaction Surveys

-See above under residential.

III. Staffing

Screening/hiring

-The CS staff were included in the screening/hiring above under residential.

Orientation/training

-All CS staff were oriented. See further comments under residential.

Ratios

-Not applicable.

Staff Surveys

-The CS staff were included in the staff surveys above under the residential.

IV. Incident Management

APS

-No referrals to APS were made involving individual served in the Community Supports Program.

Incident Reporting

-See above under residential.

C. Transportation

Accomplishments

- RSD continues to provide transportation services for those folks at Lake Elmo Group Home in Billings and the Big Horn Industries clients in Hardin

Programmatic Deficiencies

- No programmatic deficiencies were noted. All appropriate vehicle maintenance records were up to date. All of the driver's licenses were up to date and current. All appropriate vehicle inspection stickers were up to date.

Corrections to Deficiencies

- No corrections to deficiencies were required.

Other Issues and comments:

- During the review DDP noticed that all of the individuals in RSD seemed happy with their services and with RSD. This was refreshing to see.
- During the review it was also noted that all of the individuals in the Day Programs in the outlying areas seemed busy and doing meaningful tasks. Staff were attentive to their individuals needs. Again, this was refreshing to see.
- The Snowy Mountain Industries Apartment Complex in Lewistown had some improvements in their record keeping and overall organization of that site. This made it easier for staff to get needed information and to record data for each individuals plan.
- RSD in Red Lodge purchased swamp coolers for the White and Cooper Group Homes. This was nice to see especially because of the hot temperatures during over the summer.
- In Red Lodge there is an ongoing communication issue between RSD and Contracted Case Management. One example of this is a PSP held without CM present. Although this issue was resolved it clearly shows a lack of communication between both agencies. This needs to improve. It is suggested by DDP that RSD work with the Contracted CM in Red Lodge to resolve issues and set up a protocol to help establish better communication in the future. It is now reported that the CM and the Area Manager for RSD-Red Lodge are going to meet monthly. We are glad to see that this initial step has been taken.
- RSD provides excellent day services in Billings.

Conclusion

We would like to thank RSD staff throughout Region III for their assistance and patience through the annual review process. We appreciate the cooperation from all of the sites we visited in the last few months. Thanks again for all of your help and we look forward to working with you in the future.

Findings Closed**Findings Open/plan of Correction**

- Response requested in writing for follow to critical investigations recommendations.
- Continue to work out the staffing issues (QAOS #4) regarding Lake Elmo Group Home and BTI.